

# Electric Breast Pump Loan Agreement



## WIC Use Only

Date Issued: \_\_\_\_\_ Focus Pump #: \_\_\_\_\_ WIC Clinic/#: \_\_\_\_\_  
Date Returned: \_\_\_\_\_ Family I.D. (FID): \_\_\_\_\_ WIC Phone: \_\_\_\_\_  
Pump Serial/Tag #: \_\_\_\_\_ WIC Agency/#: \_\_\_\_\_ WIC Fax: \_\_\_\_\_

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### The Iowa WIC Program agrees to loan an electric breast pump to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Reason for Issuing: \_\_\_\_\_  
\_\_\_\_\_

### Alternate Contact:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Terms:

- I will return the pump or renew this agreement with WIC on or before \_\_\_\_\_.
- I will return the breast pump undamaged and in working order or I must replace it. The replacement fee for a new pump is \$\_\_\_\_\_. Law enforcement may be contacted if the breast pump is not returned.
- I will not trade, sell, or transfer or exchange this breast pump or attempt to trade, sell, or transfer or exchange this breast pump. I will not allow any other person to trade, sell, or transfer or exchange this breast pump or attempt to trade, sell, or transfer or exchange this breast pump.
- I will return the pump in useable and clean condition.
- I will immediately report any problem with the pump to the WIC agency.
- I have been shown how to operate and care for this pump and I understand how to use it.
- The breast pump is only for my use. The pump cannot be shared with anyone due to health and safety concerns.
- I understand that a limited number of electric breast pumps are available for loan. I may be asked to return the pump before the agreement expires.
- I understand that the WIC Program, its employees, and the Iowa Department of Public Health are not responsible for any personal damage caused by the use of this breast pump. The responsibility of the pump and its use is mine alone.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized WIC Staff Signature

\_\_\_\_\_  
Date